

**Dane County SSI MC
Quality Assurance Workgroup
Minutes 5/11/05**

Present: Joyce Allen, Division of Disability and Elder Services (DDES) Co-Chair, Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair, Ruthanne Landsness, APS, Dr. Ron Diamond, DDES/MHCDC, Sherrel Walker, MetaStar, Todd Costello, CLA, Sarah Alay-Messer, CLA, Cheri Luehon, MHC, David LeCount, DCDHS, Jeff Erlanger, Mary Olen, TMG, Lynn Brady, MHCDC, Sarah Roberts, CLA, Peg Algar, DHCF, Mike Fox, DHCF.

Excused: Molly Cisco, Grass Roots Empowerment Project, Jennifer Lowenberg, NAMI, Peggy Michaelis, MHCDC, David Sievert, CLA/TMG.

I. Review of the Minutes

No edits were suggested to the minutes. They were accepted and will be posted on the web page, along with other documents from our workgroup. The web page address is: <http://dhfs.wisconsin.gov/medicaid7/index.htm#medicaid>

II. Issue Log

- The issue of how data will be compared across the Milwaukee and Dane Programs was discussed. Mike Fox suggested stratifying the populations by CDPS factors and comparing them on core indicators. The Dane and Milwaukee quality indicator grids include some potential core indicators.
- A description of how the Predictive Model will be used to target high risk individuals for early intervention is described in the waiver application. The clinical validity of the model will need to be tested to see how it works in practice.

III. Dane County SSI MC Medicaid Contract

- It was decided that all suggested edits to the draft contract received from workgroup members to date will be sent out in an email with a copy of the contract so that members may review the suggested edits. As a tight timeline on the contract prohibited further group discussion, it was determined subsequent to the meeting that workgroup members will have until June 3, 2005 to email any feedback on the edits back to Peg Algar at algarpe@dhfs.state.wi.us. The next Dane Co. SSI MC Advisory Committee Meeting is scheduled for June 24, 2005. Final recommendations for edits to the contract will be made at that meeting.

IV. Remaining Issues Regarding Quality Indicators

General Comments:

- Michael Fox asked if the specifications for look-back periods have been designed for the quality indicators. An APS data analyst will be available to discuss this issue more fully during the next workgroup meeting.
- Michael Fox asked if one of the goals to be considered for the evaluation of the program should be to find out whether it is better than FFS.
- It was decided that a MH/SA workgroup including Tom Lawless, Don Libby, Lynn Brady and Tim Connor will meet to provide clinical and technical input as the specifications are further defined for the MH/SA indicators.

Decisions on Indicators:

- **Goal 1, Ind. 2, #7**—A baseline consumer survey (CAHPS) is planned for Fall 2005 in Dane County.
- **Goal 1, Ind. 3, #10**—“Increased” employment and “school enrollment status” need to be specifically defined. Pros and cons of a point-in-time (yes/no) measurement versus average number of days employed or enrolled need to be considered and will be addressed in the MH/AODA workgroup.
- **Goal 1, Ind. 4, #15**—This measure (as currently defined in HSRS) may not identify all of the AODA treatment being provided to consumers, as some AODA tx can be provided by non-traditional providers and some MH “treatment” may include an AODA component. This will be addressed at the MH/AODA workgroup meeting.
- **Goal 1, Ind. 4, #20-#21**—MHC is a source for this data. The Predictive Risk Report has breaks in eligibility that may reflect criminal justice or court-ordered contacts/treatment.
- **Goal 1, Ind. 5, #22-#25**—These indicators are deferred until we have identified a reliable method to identify and sample the subpopulation of persons with physical disabilities. Possible identification strategies include the use of CDPS diagnostic groupers, functional status information (potentially available through the LTC functional screen), or home care claims data as a proxy to identify persons receiving personal care or PDN services. Because home care provider agencies can provide both personal care and PDN services, the provider ID field alone is not a sufficient proxy.
- **Goal 2, Ind. 1, #32**—Emergency detentions for MH will be included in Phase 1 and will be submitted by MHC for the total SSI population.

- **Goal 3, Ind. 1, #44**—The word “screen” was taken out of the proposed technical specifications. The definition of what constitutes as assessment needs to be further clarified (contract issue).
- **Goal 3, Ind. 2, #49**—The diabetes indicator is listed in two places in the quality indicators grid. (G1 I1 #4 and G3 I2 #49).
- **Goal 3, Ind. 2, #55**—The county currently does report emergency MH detentions electronically for Mendota (when most of the detentions occur). Only the days the county pays for are reported.
- **Goal 4, Ind. 3, #63**—The workgroup decided that we will eliminate this quality indicator and look at the process the MCO has in place for incident reporting as part of the EQRO review.

V. SSI Managed Care Quality Assessment Plan

Dr. Urban provided an outlined a Quality Assessment Plan. The *outline provides a foundation for future quality management and/improvement efforts post implementation:

- Program Management
- Programmatic Goals
- Quality Strategy
- Data and Information Sources

*See attached Draft “SSI Managed Care Quality Assessment Plan”

VI Next Steps

The next QA Workgroup Meeting is Scheduled for:

**June 22, 2005
10:30 am-12:00pm
TMG, Suite 320, 1 S. Pinckney Street
Madison, WI**